

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5731

State File No.

BIRTH NO.		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5949</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Livingston Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0880</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Annita</u>		b. (Middle) <u>—</u>		c. (Last) <u>Graves</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Apr 6 1897</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		11. IF UNDER 1 HR. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Near De Soto Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Randall Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>James M. Graves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Harris</u>		ADDRESS <u>Bowling Green Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Endocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>yes</u> <u>yes</u> <u>4522</u>	
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>No</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>1940</u> to <u>2-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-16</u> , 19 <u>50</u> , and that death occurred at <u>2 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Mathews</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>2-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corner Stone</u>		24d. LOCATION (City, town, or county) (State) <u>Logansport Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-20-50</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Dankehead</u>		ADDRESS <u>Bowling Green Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 2 19
District Health Officer No.
District File Number 2-20
Date Filed MAR 2 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Harold C. Kink

Licensed Embalmer No. 4597

P. O. Address Banning Green, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.